## Best Available Copy

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

INOI164K

CLAIMS AS FILED - PART T (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		l	
TOTAL CLAIMS			23					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			2/3 minus 20=		• 3			X\$ 9=		OR	X\$18=	54.0	,
INDEPENDENT CLAIMS			7 minus 3 =		. 4			X40=		OR	X80=	320.	
MUI	TIPLE DEPEND	DENT CLAIM P	RESENT					+135=		OR	+270=		
* If	the difference i	n column 1 is	less than zer	o, ente	"0" in column 2		-	TOTAL		OR	TOTAL	10840	
			AMENDED - PART II							ı	OTHER	THAN	
		(Column 1)		(Colu		(Column 3)	<u> </u>	SMALL		OR •	SMALL		┨
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 19	Minús	** /3		= -	֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	X\$ 9=	-	OR	X\$18=		
	independent	• 5	Minus	*** je	x 2	= ~	-	X40=	180-	OR	X80=	160:-	1
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM	CLAIMI		+135=		OR	+270=		
	200							TÖTAL ADDIT. FEE	80	OR	TOTAL ADDIT. FEE		1
	•	(Column 1)		(Colu	ımn 2)	(Column 3	5)			_	,		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	4	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	IULTIPLE DEP	ENDEN	II CLAIM		J	+135=		OR	+270=		
							•	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		1
		(Column 1)		(Colu	umn 2)	(Column 3	<u>3)</u>	7,0011.1.22		_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER YIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		١
	Independ nt	*	Minus	***		=	4	X40=		OR	X80=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	1	OR		1	1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										┫	TOTAL		4
••	If the "Highest Nu *If the "Highest Nu The "Highest Nur	mber Previously	Paid For" IN THI Paid For" IN THI	S SPACE	E is less th E is less th	an 20, enter "2 an 3, enter "3.	."	ADDIT. FEE	L	OR	ADDIT. FEI	<u> </u>	_